Fill-	in this information to identify your c	ase:					
	Debtor 1 Howard Brophy						
	otor 2 use, if filing)						
Unit	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF MICHIGAN				
Case number (If known) 2:21-bk-49595			.   _		☐ A suppleme	Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:	
Of	fficial Form 106I				MM / DD/ Y		
	chedule I: Your Inc	ome			WIIWI / DD/ T	111	12/15
supp spou	s complete and accurate as pos- olying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not fili ir spouse is not filing w	ng jointly, and your s ith you, do not includ	pouse is living the information in the information	ng with you, incl n about your spo	ude information about you ouse. If more space is nee	ur eded,
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	⊠ Employed □ Not employed		⊠ Emplo	<ul> <li>☑ Employed</li> <li>☐ Not employed</li> </ul>	
	employers.  Include part-time, seasonal, or	Occupation	Sales Representative		Real Es	Real Estate Representative	
	self-employed work.	Employer's name	HMB Majic		Real Es	Real Estate One	
	Occupation may include student or homemaker, if it applies.	Employer's address	3735 Buring Tree Bloomfield Hills, MI 48302		25800 Northwestern Hwy Southfield, MI 48075		
		How long employed t	here? 1 Year				_
Par	t 2: Give Details About Mo	nthly Income					
	mate monthly income as of the dass you are separated.	ate you file this form. If y	ou have nothing to repo	ort for any line	, write \$0 in the sp	ace. Include your non-filing	spouse
	u or your non-filing spouse have messpace, attach a separate sheet to		ombine the information	for all employ	yers for that perso	n on the lines below. If you	ı need
					For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$				9,883.33	\$1,755.00_	
3.	3. Estimate and list monthly overtime pay.			3. +\$_	0.00	+\$0.00	
4.	Calculate gross Income. Add lin		4. \$_	9,883.33	\$ 1,755.00		

Debtor 1 Howard Brophy 2:21-bk-49595 Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here ..... 9.883.33 1,755.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 0.00 210.17 5a. 5b. Mandatory contributions for retirement plans 5b. 0.00 0.00 Voluntary contributions for retirement plans 5c. 0.00 0.00 5c. 0.00 0.00 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e. 0.00 0.00 5f **Domestic support obligations** 5f. 0.00 0.00 5g. 0.00 **Union dues** 5g. 0.00 0.00 + 0.00 5h. Other deductions. Specify: 5h.+ Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 210.17 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 9,883.33 1,544.83 7. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a 0.00 0.00 8b. Interest and dividends 8b. 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 0.00 0.00 8c. 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e 8e 0.00 0.00 Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. 0.00 0.00 Specify: 0.00 0.00 Pension or retirement income 8g. 8g. Other monthly income. Specify: \_ 8h. 8h.+ 0.00 0.00 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. 9,883.33 11,428.16 10. Calculate monthly income. Add line 7 + line 9. 10. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 12. 11.428.16 Combined monthly income Do you expect an increase or decrease within the year after you file this form?  $\boxtimes$ No. Yes. Explain: